

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known) Chapter 7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Ideal Foods, LLC</u>	
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA Ideal Foods</u>	
3. Debtor's federal Employer Identification Number (EIN)	<u>46-1987219</u>	
4. Debtor's address	Principal place of business <u>PO Box 371448</u> <u>Las Vegas, NV 89173</u> <small>Number, Street, City, State & ZIP Code</small> <u>Clark</u> <small>County</small>	Mailing address, if different from principal place of business <u>PO Box 370817</u> <u>Las Vegas, NV 89137</u> <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <small>Number, Street, City, State & ZIP Code</small>
5. Debtor's website (URL)	<u></u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: <u></u>	

Debtor **Ideal Foods, LLC**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4922**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*☒ Chapter 7☐ Chapter 9☐ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District

When

Case number

District

When

Case number

Debtor **Ideal Foods, LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No

- ☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	Ideal Foods, LLC	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Ideal Foods, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 15, 2024**
MM / DD / YYYY**X /s/ Nicole Rivers**

Signature of authorized representative of debtor

Nicole Rivers

Printed name

Title **Manager****18. Signature of attorney****X /s/ Zachariah Larson**

Signature of attorney for debtor

Date **April 15, 2024**

MM / DD / YYYY

Zachariah Larson 7787

Printed name

Larson & Zirzow, LLC

Firm name

850 E. Bonneville Ave.**Las Vegas, NV 89101**

Number, Street, City, State & ZIP Code

Contact phone **702-382-1170**Email address **zlarson@lzlawnv.com****7787 NV**

Bar number and State

**CERTIFICATE OF RESOLUTIONS OF
IDEAL FOODS, LLC**

1. I am the sole manager (the "Manager") and am the Trustee of Ideal Trust dated July 9, 2015, majority member of IDEAL FOODS, LLC, a Nevada limited liability company (the "Company").

2. I hereby certify that the resolutions set forth below were adopted by the Company at a special meeting of its management held on January 31, 2024, and that such resolutions remain in full force and effect:


RESOLVED, that in the judgment of the Company, and upon the advice of counsel, it is desirable and in the best interests of the Company, its creditors, and other interested parties that a petition be filed by the Company seeking relief under the provisions of chapter 7 of title 11 of the United States Code (the "Bankruptcy Code"), and to cease further operations and to liquidate its business and financial affairs, and the filing of such bankruptcy petition is authorized, and the Company shall initiate a bankruptcy case forthwith; and be it further

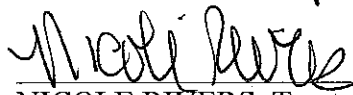
RESOLVED, that the Manager of the Company is authorized and directed for and on behalf of the Company to execute and verify a petition in the name of the Company under chapter 7 of the Bankruptcy Code, and cause the same to be filed in the United States Bankruptcy Court for the District of Nevada; and be it further

RESOLVED, that the Manager of the Company is authorized to execute, verify and/or file or cause to be filed (or direct others to do so on their behalf, all documents, including, without limitation, petitions, schedules, lists, affidavits, motions, pleadings and other papers, and any amendments thereto, and to take any and all action which he may deem necessary or proper in connection with such proceedings under chapter 7 of the Bankruptcy Code, and in that regard, to retain and employ LARSON &, ZIRZOW, LLC as bankruptcy counsel; and be it further

RESOLVED that all acts lawfully done or actions lawfully taken by the Manager to seek relief on behalf of the Company under chapter 7 of the Bankruptcy Code, or in connection with the chapter 7 case, or any matter related thereto, be and hereby are, adopted, ratified, confirmed and approved in all respects as the acts and deeds of the Company.

Dated: 2/1/24


NICOLE RIVERS,
as Manager of IDEAL FOODS, LLC


NICOLE RIVERS, Trustee of Ideal Trust
dated July 9, 2015
as Member of IDEAL FOODS, LLC

Fill in this information to identify the case:Debtor name **Ideal Foods, LLC**United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 15, 2024****X /s/ Nicole Rivers**_____
Signature of individual signing on behalf of debtor**Nicole Rivers**_____
Printed name**Manager**_____
Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Ideal Foods, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **122,500.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **122,500.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **3,308,230.53****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **63,447.03****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **2,140,476.85****4. Total liabilities**
Lines 2 + 3a + 3b\$ **5,512,154.41**

Fill in this information to identify the case:Debtor name **Ideal Foods, LLC**United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.

Debtor **Ideal Foods, LLC**
Name

Case number (if known) _____

☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.
☐ Yes Fill in the information below.**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.
☐ Yes Fill in the information below.**Part 9: Real property****54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.
☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.
☐ Yes Fill in the information below.**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes Fill in the information below.Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Pending litigation against Ignite Business Accesleration Group, CLG Servicing LLC and Joseph Tringali known as case no.: A-23-874986-C in the Eighth Judicial District Court, Clark County, Nevada
- | | |
|------------------|--|
| Nature of claim | Breach of Contract, Breach of Implied Covenant of Good Faith and Fair Dealing... |
| Amount requested | <u>\$122,500.00</u> |

\$122,500.0075. **Other contingent and unliquidated claims or causes of action of**

Debtor **Ideal Foods, LLC**
Name

Case number *(if known)* _____

every nature, including counterclaims of the debtor and rights to set off claims

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$122,500.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Ideal Foods, LLC**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$122,500.00	
91. Total. Add lines 80 through 90 for each column	\$122,500.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$122,500.00

Fill in this information to identify the case:Debtor name **Ideal Foods, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Crestmark Equipment Finance Creditor's Name C/o Parsons Behle & Latimer Attn: Zachary S. Shea, Esq. 50 W. Liberty Street, Suite 750 Reno, NV 89501 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All Lease/Equipment with Crestmark Equipment Finance, Inc. / Agreement #062718JE-001 Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$65,000.00	\$0.00

2.2	De Lage Landen Financial Services Creditor's Name Attn: Bankruptcy Dept/Managing Agent 1111 Old Eagle School Road Wayne, PA 19087 Creditor's mailing address Creditor's email address, if known	Describe debtor's property that is subject to a lien All Equipment Leased or Financed with De Lage Landen Financial Services Describe the lien UCC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim?	\$0.00	\$0.00
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Debtor **Ideal Foods, LLC**

Name

Case number (if known)

Date debt was incurred

2018

Last 4 digits of account number

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

2.3

Franklin Capital Funding, LLC

Creditor's Name

c/o Donald H. Williams,
Esq.
Williams Starbuck
612 So. Tenth Street
Las Vegas, NV 89101

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All accounts, chattel paper, deposit accounts, document, equipment etc.

\$2,194,758.53

\$0.00

Describe the lien

UCC

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

Franklin Capital Management, LLC

Creditor's Name

c/o Donald H. Williams,
Esq.
Williams Starbuck
612 So. Tenth Street
Las Vegas, NV 89101

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

All accounts, chattel paper, deposit accounts, document, equipment etc.

\$470,000.00

\$0.00

Describe the lien

UCC

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Ideal Foods, LLC**

Case number (if known)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.5 US Foods, Inc.**

Creditor's Name

**Attn: Bankruptcy
Dept/Managing Agent
4650 W. Buckeye Rd.
Phoenix, AZ 85043**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Personal Property including but not limited to accounts, goods, inventory, equipment, fixtures and vehicles**\$78,472.00****\$0.00**

Describe the lien

UCC

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 US Small Business Administration**

Creditor's Name

**Attn: Bankruptcy
Dept/Managing Agent
10737 Gateway West, 300
El Paso, TX 79935**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All tangible and intangible personal property, including, but not limited to: inventory, equipment, instruments, promissory notes, chattel paper, credit rights, receivables etc.**\$500,000.00****\$0.00**

Describe the lien

UCC / EIDL

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 WG Capital**

Creditor's Name

**Attn: Bankruptcy
Dept/Managing Agent
1022 Ave. M.
Brooklyn, NY 11230**

Describe debtor's property that is subject to a lien

All Assets including accounts, receivables, inventory, equipment etc.**\$0.00****\$0.00**

Debtor **Ideal Foods, LLC**

Case number (if known)

Name

Creditor's mailing address

Describe the lien

UCC

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,308,230.53**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Crestmark Equipment Finance
C/o Giarmarco, Mullins & Horton, P.C.
Attn: John Fleming & Nina Jankowski
101 West Big Beaver Road, Tenth Floor
Troy, MI 48084-5280Line 2.1Franklin Capital Funding, LLC
c/o J. Adam Behrendt & Melissa Moore
Bodman PLC
201 West Big Beaver Road, Suite 500
Troy, MI 48084Line 2.3Franklin Capital Group, LLC
Attn: Bankruptcy Dept/Managing Agent
32300 Northwestern Hwy.
Farmington, MI 48334Line 2.3Franklin Capital Management, LLC
Attn: Bankruptcy Dept/Managing Agent
32300 Northwestern Hwy.
Farmington, MI 48334Line 2.4U.S. Small Business Administration
Attn: Gil Hopenstand, Esq.
312 N. Spring St., Fifth Floor
Los Angeles, CA 90012Line 2.6U.S. Small Business Administration
Nevada District Office
Attn: Joseph Amato, Director
300 South 4th St., Suite 400
Las Vegas, NV 89101Line 2.6

Debtor **Ideal Foods, LLC**

Name

Case number (if known)

Wing Lake Capital Partners
Attn: Bankruptcy Dept/Managing Agent
32300 Northwestern Hwy., Ste. 200
Farmington, MI 48334

Line **2.3**

Wing Lake Capital Partners
Attn: Bankruptcy Dept/Managing Agent
32300 Northwestern Hwy., Ste. 200
Farmington, MI 48334

Line **2.4**

Fill in this information to identify the case:Debtor name **Ideal Foods, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Clark County Assessor c/o Bankruptcy Clerk 500 S. Grand Central Pkwy Box 551401 Las Vegas, NV 89155 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Personal Property taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00 \$25,000.00
2.2	Priority creditor's name and mailing address Nevada Employment Security Division Office of Legal Counsel C/o Carolyn Broussard Esq. 2800 E. St. Louis Ave. Las Vegas, NV 89104-4267 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Judgment entered in case known as State of Nevada, Department of Employment, Training & Rehabilitation, Employment Security Division vs. Ideal Foods LLC Case No. A-23-882354-C in the Eighth Judicial District Court, Clark County, Nevada Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,447.03 \$13,447.03

Debtor **Ideal Foods, LLC**

Case number (if known)

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">2.3</div> Priority creditor's name and mailing address US Department of Agriculture Attn: Bankruptcy Dept/Managing Agent 1400 Independence Ave. Washington, DC 20250	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$25,000.00 \$25,000.00
<hr/> Date or dates debt was incurred _____		
<hr/> Last 4 digits of account number _____		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
Basis for the claim: Business Debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.1</div> Nonpriority creditor's name and mailing address ADP, Inc. Attn: Bankruptcy Dept/Managing Agent PO Box 31001-1874 Pasadena, CA 91110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,000.00
Date(s) debt was incurred _____ Last 4 digits of account number _____		
Basis for the claim: <u>Business Vendor</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.2</div> Nonpriority creditor's name and mailing address Advance Partners Attn: Bankruptcy Dept/Managing Agent 23000 Millcreek Blvd., Ste. 200 Beachwood, OH 44122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,335.94
Date(s) debt was incurred _____ Last 4 digits of account number _____		
Basis for the claim: <u>Business Vendor</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.3</div> Nonpriority creditor's name and mailing address AlSCO Attn: Bankruptcy Dept/Managing Agent 3243 E. Deseret Drive Saint George, UT 84790	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,105.57
Date(s) debt was incurred _____ Last 4 digits of account number _____		
Basis for the claim: <u>Business Vendor</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.4</div> Nonpriority creditor's name and mailing address AmTrust Financial Services, Inc. Attn: Bankruptcy Dept/Managing Agent 59 Maiden Lane New York, NY 10038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,000.00
Date(s) debt was incurred _____ Last 4 digits of account number _____		
Basis for the claim: <u>Insurance</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">3.5</div> Nonpriority creditor's name and mailing address Baker Commodities, Inc. Attn: Bankruptcy Dept. / Managing Agent PO Box 6518 Phoenix, AZ 85005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$270.00
Date(s) debt was incurred _____ Last 4 digits of account number _____		
Basis for the claim: <u>Business Vendor</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Ideal Foods, LLC Name _____	Case number (if known) _____
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3.6	Nonpriority creditor's name and mailing address Best Fresh Produce Inc. Attn: Bankruptcy Dept/Managing Agent 1601 E. Olympic Blvd. Ste. 313-314 Los Angeles, CA 90021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.7	Nonpriority creditor's name and mailing address Bon Breads Baking Co. Attn: Bankruptcy Dept/Managing Agent 4690 W. Teco Las Vegas, NV 89118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,485.20
3.8	Nonpriority creditor's name and mailing address Brendan Dilandri Deli Attn: Bankruptcy Dept/Managing Agent 4270 W. Teco Ave. Las Vegas, NV 89118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,515.50
3.9	Nonpriority creditor's name and mailing address Broadway Advance Funding Attn: Bankruptcy Dept/Managing Agent 241 37th Street Brooklyn, NY 11232 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Funding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address BT Supplies West, Inc. Attn: Bankruptcy Dept/Managing Agent 451 Mirror Ct. #103 Henderson, NV 89011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.74
3.11	Nonpriority creditor's name and mailing address C&L Refrigeration Attn: Bankruptcy Dept/Managing Agent 4111 Palm St. Fullerton, CA 92835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.12	Nonpriority creditor's name and mailing address Caba Fruit Inc. Attn: Bankruptcy Dept/Managing Agent 6295 S. Pearl St. Las Vegas, NV 89120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$965.00

Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address Castle of Cakes Attn: Bankruptcy Dept/Managing Agent 3528 S. Maryland Pkwy. Las Vegas, NV 89169 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$908.50
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3.14	Nonpriority creditor's name and mailing address Chase Card Services/JPMCB Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850 Date(s) debt was incurred <u>Opened 05/16</u> Last 4 digits of account number <u>7211</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,523.00
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3.15	Nonpriority creditor's name and mailing address City of North Las Vegas Utilities Attn: Bankruptcy Dept/Managing Agent 2829 Fort Sumter Dr. North Las Vegas, NV 89030 Date(s) debt was incurred _____ Last 4 digits of account number <u>1960</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,040.74
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3.16	Nonpriority creditor's name and mailing address Clark County Water Reclamation Attn: Bankruptcy Dept/ Managing Agent 5857 East Flamingo Rd. Las Vegas, NV 89122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.17	Nonpriority creditor's name and mailing address Country Wide Fire Services Attn: Bankruptcy Dept/Managing Agent 2375 E. Tropicana Ave. Ste 8-888 Las Vegas, NV 89119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.18	Nonpriority creditor's name and mailing address Cox Business Attn: Bankruptcy Dept/Managing Agent Department # 102276 PO Box 1259 Oaks, PA 19456 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.82
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3.19	Nonpriority creditor's name and mailing address Culligan Water Attn: Bankruptcy Dept/Managing Agent 4513 North Lamb Blvd., Ste. 92 Las Vegas, NV 89115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,126.94
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Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.20	Nonpriority creditor's name and mailing address Deer Plumbing LLC Attn: Bankruptcy Dept/Managing Agent 9360 W. Flamingo Rd. Ste. 110-113 Las Vegas, NV 89147 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,800.00
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3.21	Nonpriority creditor's name and mailing address Desert Gold Food Co. Attn: Bankruptcy Dept/Managing Agent 123 W. Colorado Ave. Las Vegas, NV 89102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,924.80
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3.22	Nonpriority creditor's name and mailing address DPI Specialty Foods Attn: Bankruptcy Dept/Managing Agent 930 S. Rockefeller Ave. Ontario, CA 91761 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
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3.23	Nonpriority creditor's name and mailing address Edward Don & Company Attn: Bankruptcy Dept/Managing Agent 2562 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,090.20
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3.24	Nonpriority creditor's name and mailing address Employer Lynx Attn: Bankruptcy Dept/Managing Agent 501 E. Caroline St. Carson City, NV 89701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
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3.25	Nonpriority creditor's name and mailing address Ernest Packing Solutions Attn: Bankruptcy Dept/Managing Agent 3930 W. Windmill Ln. #110 Las Vegas, NV 89139 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,928.92
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3.26	Nonpriority creditor's name and mailing address Farmers Insurance Attn: Bankruptcy Desk/Managing Agent Payment Processing Center PO Box 894731 Los Angeles, CA 90189 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,791.44
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Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.27	Nonpriority creditor's name and mailing address Four Season Trading Attn: Bankruptcy Dept/Managing Agent 3100 Kaverton Road District Heights, MD 20747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Fresh and Ready Food Attn: Bankruptcy Dept/Managing Agent 104 Mayflower Ave. North Las Vegas, NV 89030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$309,514.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor - Purchase Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Fresh and Ready Food Attn: Bankruptcy Dept/Managing Agent 104 Mayflower Ave. North Las Vegas, NV 89030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$242,680.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor - Rental Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Fresh Point Southern California Attn: Bankruptcy Dept/Managing Agent 155 N Orange Ave. La Puente, CA 91744 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address FTC Consulting Attn: Bankruptcy Dept/Managing Agent PO Box 1925 Graham, TX 76450 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Gen-Tech of Nevada Attn: Bankruptcy Dept/Managing Agent 4785 Copper Sage St., Ste. A Las Vegas, NV 89115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,328.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Great Buns Bakery Attn: Bankruptcy Dept/Managing Agent 3270 E. Tropicana Ave. Las Vegas, NV 89121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,079.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.34	Nonpriority creditor's name and mailing address IPFS Corporation Attn: Bankruptcy Dept/Managing Agent 1055 Broadway 11th Floor Kansas City, MO 64105 Date(s) debt was incurred _____ Last 4 digits of account number 0670	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,618.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Jays Sharpening Attn: Bankruptcy Dept/Managing Agent 4310 W. Tompkins Ave. Las Vegas, NV 89103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address Jim L. Shetakis Distributing Co. dba Shetakis Wholesalers C/o Holley Driggs Ltd / Jason D. Smith 300 South 4th Street, Suite 1600 Las Vegas, NV 89101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$84,844.76 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered in case known as Jim L. Shetakis Distributing Co., vs. Ideal Foods, LLC, Case No. A-19-795888-C in the Eighth Judicial District Court, Clark County, Nevada</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address Kelly Paper Attn: Bankruptcy Dept/Managing Agent 3655 W. Sunset Rd. Unit C Las Vegas, NV 89118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,799.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address L.A. Specialty Produce Co. dba Vesta Food Service C/o Rynn & Janowsky, LLP / June Monroe 2605 Main Street, Suite 1250 Irvine, CA 92614 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41,141.16 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered in matter known as L.A. Specialty Produce Co. dba Vesta Foodservice v. Ideal Foods, LLC et al. / Case No.: 2:20-cv-08722-SVW-JEM in the United States District Court for the Central District of California</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address Las Vegas Valley Water District Attn: Bankruptcy Dept. / Managing Agent 1001 S. Valley View Blvd. Las Vegas, NV 89153 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,451.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Name	Case number (if known)
Debtor	Ideal Foods, LLC	
3.40	Nonpriority creditor's name and mailing address Lease Direct Attn: Bankruptcy Dept/Managing Agent P.O. Box 6980 Wayne, PA 19087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address Malco Maintenance Inc. Attn: Bankruptcy Dept/Managing Agent 5985 Mc. Leod Dr. Las Vegas, NV 89120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Manistee SME Ideal Holdings LLC Attn: Bankruptcy Dept/Managing Agent 24751 Sussex St. Oak Park, MI 48237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class B Units Purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address Marible Mendoza Attn: Bankruptcy Dept/Managing Agent Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address Mariner Business Solutions Attn: Bankruptcy Dept/Managing Agent 1385 S. Colorado Blvd. Suite A-310 Denver, CO 80222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address Marlin Business Bank Attn: Bankruptcy Dept/Managing Agent P.O. Box 13604 Philadelphia, PA 19101-3604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Melissa's World Variey Produce, Inc. c/o Mark Albright Esq. 801 South Ranch Dr. Suite D-4 Las Vegas, NV 89106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.47	Nonpriority creditor's name and mailing address Mettler Toledo Attn: Bankruptcy Dept/Managing Agent 6251 Industrial Rd. Las Vegas, NV 89118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.48	Nonpriority creditor's name and mailing address Michelson Laboratories Inc. Attn: Bankruptcy Dept/Managing Agent 6280 Chalet Dr. Los Angeles, CA 90040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>
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3.49	Nonpriority creditor's name and mailing address Millenium Staffing Solutions Attn: Bankruptcy Dept/Managing Agent 8230 W. Charleston Blvd. Las Vegas, NV 89117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,878.98</u>
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3.50	Nonpriority creditor's name and mailing address Nerds Express Attn: Bankruptcy Dept/Managing Agent 440 Burroughs St., Ste. 607 Detroit, MI 48202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>
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3.51	Nonpriority creditor's name and mailing address New Age, Inc. Attn: Bankruptcy Dept/Managing Agent 26000 Richmond Rd, Unit B Bedford, OH 44146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,000.00</u>
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3.52	Nonpriority creditor's name and mailing address Nextera Packaging Attn: Bankruptcy Dept/Managing Agent 980 Berwood Ave. E. Saint Paul, MN 55110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,745.94</u>
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3.53	Nonpriority creditor's name and mailing address NV Energy Attn: Bankruptcy Dept. / Managing Agent PO Box 30086 Reno, NV 89520 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
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Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.54	Nonpriority creditor's name and mailing address Office 1 Las Vegas Attn: Bankruptcy Dept/Managing Agent 720 S. 4th St. Las Vegas, NV 89101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address P&R Paper Supply Company, Inc. Attn: Bankruptcy Dept/Managing Agent 1898 East Colton Avenue P.O. Box 590 Redlands, CA 92373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,320.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Pacific Produce, Inc. Attn: Bankruptcy Dept/Managing Agent 827 N. Main St. Las Vegas, NV 89101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,060.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Paymode Attn: Bankruptcy Dept/Managing Agent 100 International Drive, Suite 200 Portsmouth, NH 03801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Penske Truck Leasing Attn: Bankruptcy Dept/Managing Agent 4680 W. Craig Rd. North Las Vegas, NV 89032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,861.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address Plascon USA Headquarters Attn: Bankruptcy Dept/Managing Agent 2375 Traversefield Dr. Traverse City, MI 49686 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,668.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Premier Services Attn: Bankruptcy Dept/Managing Agent 3765 Loose Rd. #3 North Las Vegas, NV 89030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$344.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.61	Nonpriority creditor's name and mailing address Quicksilver Funding Solutions LLC Attn: Bankruptcy Dept/Managing Agent 1720 Peachtree St. NW Ste. 435 Atlanta, GA 30309-2448 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Funding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address Ralphs Distributors Attn: Bankruptcy Dept/Managing Agent 1100 W. Artesia Blvd. Compton, CA 90220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address Ready Cut Vegetables Attn: Bankruptcy Dept/Managing Agent 3700 Capella Ave. A Las Vegas, NV 89102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,714.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address Rebel Chemical Attn: Bankruptcy Dept/Managing Agent 3560 Polaris Ave Unit 22 Las Vegas, NV 89103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address Republic Services Attn: Bankruptcy Dept. / Managing Agent 770 E. Sahara Ave. Las Vegas, NV 89104-2943 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address Resco Restaurant Equipment & Supply Co. Attn: Bankruptcy Dept/Managing Agent 1300 E. Charleston Blvd. Las Vegas, NV 89104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address Rich's Products Corporation C/o Peter Dubowsky, Esq. 300 S. Fourth St., #1020 Las Vegas, NV 89101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,288.22 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment entered in case known as Rich Products Corporation v. Ideal Foods LLC / Case No.: 20C024462 in the Las Vegas Justice Court, City of Las Vegas</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Ideal Foods, LLC Name _____	Case number (if known) _____
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3.68	Nonpriority creditor's name and mailing address RT J&M LLC Attn: Bankruptcy Dept/Managing Agent 3175 E. Warm Springs Road, Ste. 104 Las Vegas, NV 89120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,952.00
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3.69	Nonpriority creditor's name and mailing address Ryder Truck Rental, Inc. dba Ryder Transportation Services Attn: Managing Member 11690 N.W. 105th Street Fort Lauderdale, FL 33317-8000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.70	Nonpriority creditor's name and mailing address Snell & Wilmer, LLP Attn: Bankruptcy Dept/Managing Agent 3883 H. Hughes Pkwy #1100 Las Vegas, NV 89169 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
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3.71	Nonpriority creditor's name and mailing address Southwest Gas Corp. Attn: Bankruptcy Dept/Managing Agent 1631 W. Craig Rd. Ste. 2 North Las Vegas, NV 89032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,569.91
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3.72	Nonpriority creditor's name and mailing address Spark Funding Attn: Bankruptcy Dept/Managing Agent 30 Broad Street New York, NY 10004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Funding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.73	Nonpriority creditor's name and mailing address Support Refrigeration Attn: Bankruptcy Dept/Managing Agent 9155 Mangostone Lane Las Vegas, NV 89147 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.74	Nonpriority creditor's name and mailing address Ten-Two Company C/o Qualey Law Group Attn: Robert S. Qualey Esq. 711 Mall Ring Circle, Ste. 200 Henderson, NV 89014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment in case known as Ten-Two Company vs. Ideal Foods, LLC / Case No. A-20-818269-C in the Eighth Judicial District Court, Clark County, Nevada</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257,771.84
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Debtor	Ideal Foods, LLC		Case number (if known)
	Name		
3.75	Nonpriority creditor's name and mailing address The Chef's Warehouse Attn: Bankruptcy/Managing Agent 240 Food Center Dr. Bronx, NY 10474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.76	Nonpriority creditor's name and mailing address Tompkins and Peters CPA's, P.C. Attn: Bankruptcy Dept/Managing Agent 1880 E. Warm Springs Rd. Ste. 115 Las Vegas, NV 89119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financial</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,426.63
3.77	Nonpriority creditor's name and mailing address Tortilla Inc. Attn: Bankruptcy Dept/Managing Agent 2912 N. Commerce St. North Las Vegas, NV 89030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
3.78	Nonpriority creditor's name and mailing address UBIC Workers Comp Ins. Attn: Bankruptcy Dept/Managing Agent 10421 S. Jordan Gateway Blvd. Ste. 400 South Jordan, UT 84095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,554.00
3.79	Nonpriority creditor's name and mailing address UPS c/o Allied Interstate Attn: Bankruptcy Desk/Managing Agent PO Box 361684 Columbus, OH 43236-1684 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,312.07
3.80	Nonpriority creditor's name and mailing address Utah Business Insurance Co. Attn: Bankruptcy Dept/Managing Agent 10421 S. Jordan Gateway Blvd. Ste. 400 South Jordan, UT 84095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,554.00
3.81	Nonpriority creditor's name and mailing address Valley Gates Inc. Attn: Bankruptcy Dept/Managing Agent PO Box 33010 Las Vegas, NV 89133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.00

Debtor **Ideal Foods, LLC**

Case number (if known) _____

Name _____

3.82 Nonpriority creditor's name and mailing address
Vegas Valley Locking Systems, Inc.
Attn: Bankruptcy Dept/Managing Agent
7340 Eastgate Road #150
Henderson, NV 89011

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$1,846.66**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Business Vendor**Is the claim subject to offset? ☒ No ☐ Yes

3.83 Nonpriority creditor's name and mailing address
West Central Food Service
Attn: Bankruptcy Dept/Managing Agent
12840 Leyva
Norwalk, CA 90650

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$3,000.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Business Vendor**Is the claim subject to offset? ☒ No ☐ Yes

3.84 Nonpriority creditor's name and mailing address
World Variety Produce, Inc.
C/o Albright, Stoddard, Warnick & Albrig
Attn: Daniel R. Ormsby Esq.
801 South Rancho Drive. Ste. D-4
Las Vegas, NV 89106

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.***\$19,464.31**

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Stipulated Judgment entered in case known as World Variety Produce, Inc. et al. vs. Ideal Foods LLC Case No. A-21-835213-C in the Eighth Judicial District Court, Clark County, Nevada**

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Imperial PFS Attn: Bankruptcy Dept/Managing Agent 30 Montgomery Street, Suite 501 Jersey City, NJ 07302	Line <u>3.34</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	US Department of Agriculture Food Safety and Inspection Service Attn: Bankruptcy Dept/Managing Agent 4520 114th Street Urbandale, IA 50322	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Vesta Food Services Attn: Bankruptcy Dept/Managing Agent 7220 Dean Martin Dr. #100 Las Vegas, NV 89118	Line <u>3.38</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

Total of claim amounts	
5a. \$	63,447.03
5b. + \$	2,140,476.85

Debtor **Ideal Foods, LLC**
Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ 2,203,923.88

Fill in this information to identify the case:Debtor name Ideal Foods, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:Debtor name **Ideal Foods, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Ideal Trust** **Attn: Nicole Rivers, Trustee**
9404 Fontainebleu Dr.
Las Vegas, NV 89145
Any/All Business debt

☐ D _____
☐ E/F _____
☐ G _____

2.2 **Manistee SME**
Ideal Holdings
LLC **24751 Sussex St.**
Oak Park, MI 48237
Any/All business debt

☐ D _____
☐ E/F _____
☐ G _____

2.3 **Nicole Rivers** **9404 Fontainebleu Dr.**
Las Vegas, NV 89145
Any/All business debt

☐ D _____
☐ E/F _____
☐ G _____

Fill in this information to identify the case:Debtor name Ideal Foods, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2024 to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$0.00**For prior year:**From 1/01/2023 to 12/31/2023☒ Operating a business☐ Other _____\$0.00**For year before that:**From 1/01/2022 to 12/31/2022☒ Operating a business☐ Other _____\$0.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Ideal Foods, LLC**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Franklin Capital Funding, LLC	All Business Inventory/Assets sold at Auction	December 2022	Unknown
Crestmark Equipment Finance C/o Parsons Behle & Latimer Attn: Zachary S. Shea, Esq. 50 W. Liberty Street, Suite 750 Reno, NV 89501	Picked up their leased equipment	December 2021	Unknown

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Jim L. Shetakis Distributing Co., vs. Ideal Foods, LLC A-19-795888-C	Collections	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	L.A. Specialty Produce Co. v. Ideal Foods, LLC et al. 2:20-cv-08722-SVW-JEM	Agricultural Acts	United States District Court Central District of California	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	World Variety Produce, Inc. et al. vs. Ideal Foods LLC A-21-835213-C	Collections of Accounts	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **Ideal Foods, LLC**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4.	Franklin Capital Funding LLC vs. Ideal Foods LLC A-22-862451-F	Foreign Judgment	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	Franklin Capital Funding, LLC vs. Ideal Foods, LLC et. al. 2022-196950-BC	Confessed Judgment	State of Michigan Judicial District 6th Circuit 1200 North Telegraph Rd. Pontiac, MI 48341	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6.	Franklin Capital Management, LLC v. Ideal Foods, LLC 2022-196954-CB	Contract	State of Michigan Judicial District 6th Circuit 1200 North Telegraph Rd. Pontiac, MI 48341	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7.	Franklin Capital Management, LLC v. Ideal Foods, LLC et al. A-22-862453-F	Foreign Judgment	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	State of Nevada, Department of Employment, Training & Rehabilitation, Employment Security Division vs. Ideal Foods LLC A-23-882354-C	Civil	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.9.	Ten-Two Company vs. Ideal Foods, LLC A-20-818269-C	Collection	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.10	Rich Products Corp vs. Ideal Foods, LLC 20C024462	Contract	Justice Court Las Vegas Township Regional Justice Center 200 Lewis Ave. Las Vegas, NV 89155-2511	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.11	Ideal Foods, LLC v. Ignite Business Acceleration Group et al. A-23-874986-C	Other Contract	Eighth Judicial District Court 200 Lewis Ave. Las Vegas, NV 89155	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	Crestmark Vendor Finance v. Ideal Foods, LLC CV22-01327	Foreign Judgment	Second Judicial District Court Washoe County, Nevada	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13	Crestmark Vendor Finance v. Ideal Foods, LLC 2022-001153-CB	Contract	State of Michigan Circuit Court for the County of Macomb	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **Ideal Foods, LLC**

Case number (if known)

☒ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Larson & Zirzow, LLC 850 E. Bonneville Ave. Las Vegas, NV 89101	Attorney Fees	January 2024	\$7,900.00
Email or website address zlaron@lzlawnv.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **Ideal Foods, LLC**

Case number (if known) _____

☐ None.Who received transfer?
AddressDescription of property transferred or
payments received or debts paid in exchangeDate transfer
was madeTotal amount or
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer

Debtor Ideal Foods, LLC

Case number (if known) _____

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Silver State Credit Union	XXXX-6557	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Business</u> <u>Checking Acct. in</u> <u>Nicole Rivers</u> <u>name</u>	May 27, 2023	\$13.49
18.2. Silver State Credit Union	XXXX-6557	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Business</u> <u>Savings Acct. in</u> <u>Nicole Rivers</u> <u>name</u>	May 27, 2023	\$25.00
18.3. US Bank	XXXX-4843	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Business</u> <u>Acct. in Nicole</u> <u>Rivers name</u>		\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

Debtor **Ideal Foods, LLC**

Case number (if known)

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Grant Bernard CPA LLC 522 Route 9 Waretown, NJ 08758-1728	2020/2021/2022
26a.2. Mark Rich CPA 1301 S. Jones Blvd. Las Vegas, NV 89146	2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor **Ideal Foods, LLC**

Case number (if known) _____

☐ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Nicole Rivers	9404 Fontainbleu Dr. Las Vegas, NV 89145	Manager	0%
Name	Address	Position and nature of any interest	% of interest, if any
Manistee SME Ideal Holdings LLC	24751 Sussex St. Oak Park, MI 48237	Member	25%
Name	Address	Position and nature of any interest	% of interest, if any
Ideal Trust	Attn: Nicole Rivers, Trustee 9404 Fontainbleu Dr. Las Vegas, NV 89145	Member	75%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☐ Yes. Identify below.**Name and address of recipient****Amount of money or description and value of property****Dates****Reason for providing the value**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor **Ideal Foods, LLC**Case number *(if known)* _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund**Employer Identification number of the pension fund**

Debtor **Ideal Foods, LLC**

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 15, 2024**

/s/ Nicole Rivers

Signature of individual signing on behalf of the debtor

Nicole Rivers

Printed name

Position or relationship to debtor **Manager**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Nevada

In re **Ideal Foods, LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	7,900.00
Prior to the filing of this statement I have received	\$	7,900.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of Debtor(s) in any adversary proceeding, including without limitation, any nondischargeability actions pursuant to 11 U.S.C. 523 and 727; and any appeals.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 15, 2024

Date

/s/ Zachariah Larson

Zachariah Larson 7787

Signature of Attorney

Larson & Zirzow, LLC

850 E. Bonneville Ave.

Las Vegas, NV 89101

702-382-1170 Fax: 702-382-1169

zlarson@lzlawnv.com

Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re **Ideal Foods, LLC**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the Manager of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 15, 2024**

/s/ Nicole Rivers

Nicole Rivers/Manager

Signer/Title

Ideal Foods, LLC
PO Box 370817
Las Vegas, NV 89137

Internal Revenue Service
Attn: Bankruptcy Dept/Managing Agent
P.O. Box 7346
Philadelphia, PA 19101

Clark County Treasurer
c/o Bankruptcy Clerk
500 S. Grand Central Pkwy
P.O. Box 551220
Las Vegas, NV 89155

Clark County Assessor
c/o Bankruptcy Clerk
500 S. Grand Central Pkwy
Box 551401
Las Vegas, NV 89155

Dept. of Empl, Training & Rehab
Employment Security Division
500 East Third Street
Carson City, NV 89713

Nevada Dept. of Taxation
Bankruptcy Section
555 E. Washington Avenue #1300
Las Vegas, NV 89101

Social Security Administration
Office of the General Counsel
Office of Program Lit. Attn: Bankruptcy
6401 Security Blvd.
Baltimore, MD 21235

U.S. Small Business Administration
Attn: Bankruptcy Dept/Managing Agent
409 3rd St., SW
Washington, DC 20416

ADP, Inc.
Attn: Bankruptcy Dept/Managing Age
PO Box 31001-1874
Pasadena, CA 91110

Advance Partners
Attn: Bankruptcy Dept/Managing Agent
23000 Millcreek Blvd., Ste. 200
Beachwood, OH 44122

Alsco
Attn: Bankruptcy Dept/Managing Agent
3243 E. Deseret Drive
Saint George, UT 84790

AmTrust Financial Services, Inc.
Attn: Bankruptcy Dept/Managing Age
59 Maiden Lane
New York, NY 10038

Baker Commodities, Inc.
Attn: Bankruptcy Dept. / Managing Agent
PO Box 6518
Phoenix, AZ 85005

Best Fresh Produce Inc.
Attn: Bankruptcy Dept/Managing Agent
1601 E. Olympic Blvd. Ste. 313-314
Los Angeles, CA 90021

Bon Breads Baking Co.
Attn: Bankruptcy Dept/Managing Age
4690 W. Teco
Las Vegas, NV 89118

Brendan Dilandri Deli
Attn: Bankruptcy Dept/Managing Agent
4270 W. Teco Ave.
Las Vegas, NV 89118

Broadway Advance Funding
Attn: Bankruptcy Dept/Managing Agent
241 37th Street
Brooklyn, NY 11232

BT Supplies West, Inc.
Attn: Bankruptcy Dept/Managing Age
451 Mirror Ct. #103
Henderson, NV 89011

C&L Refrigeration
Attn: Bankruptcy Dept/Managing Agent
4111 Palm St.
Fullerton, CA 92835

Caba Fruit Inc.
Attn: Bankruptcy Dept/Managing Agent
6295 S. Pearl St.
Las Vegas, NV 89120

Castle of Cakes
Attn: Bankruptcy Dept/Managing Age
3528 S. Maryland Pkwy.
Las Vegas, NV 89169

Chase Card Services/JPMCB
Attn: Bankruptcy
P.O. 15298
Wilmington, DE 19850

City of North Las Vegas Utilities
Attn: Bankruptcy Dept/Managing Agent
2829 Fort Sumter Dr.
North Las Vegas, NV 89030

Clark County Water Reclamation
Attn: Bankruptcy Dept/ Managing Ag
5857 East Flamingo Rd.
Las Vegas, NV 89122

Country Wide Fire Services
Attn: Bankruptcy Dept/Managing Agent
2375 E. Tropicana Ave. Ste 8-888
Las Vegas, NV 89119

Cox Business
Attn: Bankruptcy Dept/Managing Agent
Department # 102276
PO Box 1259
Oaks, PA 19456

Crestmark Equipment Finance
C/o Parsons Behle & Latimer
Attn: Zachary S. Shea, Esq.
50 W. Liberty Street, Suite 750
Reno, NV 89501

Culligan Water
Attn: Bankruptcy Dept/Managing Agent
4513 North Lamb Blvd., Ste. 92
Las Vegas, NV 89115

De Lage Landen Financial Services
Attn: Bankruptcy Dept/Managing Agent
1111 Old Eagle School Road
Wayne, PA 19087

Deer Plumbing LLC
Attn: Bankruptcy Dept/Managing Age
9360 W. Flamingo Rd. Ste. 110-113
Las Vegas, NV 89147

Desert Gold Food Co.
Attn: Bankruptcy Dept/Managing Agent
123 W. Colorado Ave.
Las Vegas, NV 89102

DPI Specialty Foods
Attn: Bankruptcy Dept/Managing Agent
930 S. Rockefeller Ave.
Ontario, CA 91761

Edward Don & Company
Attn: Bankruptcy Dept/Managing Age
2562 Paysphere Circle
Chicago, IL 60674

Employer Lynx
Attn: Bankruptcy Dept/Managing Agent
501 E. Caroline St.
Carson City, NV 89701

Ernest Packing Solutions
Attn: Bankruptcy Dept/Managing Agent
3930 W. Windmill Ln. #110
Las Vegas, NV 89139

Farmers Insurance
Attn: Bankruptcy Desk/Managing Ag
Payment Processing Center
PO Box 894731
Los Angeles, CA 90189

Four Season Trading
Attn: Bankruptcy Dept/Managing Agent
3100 Kaverton Road
District Heights, MD 20747

Franklin Capital Funding, LLC
c/o Donald H. Williams, Esq.
Williams Starbuck
612 So. Tenth Street
Las Vegas, NV 89101

Franklin Capital Management, LLC
c/o Donald H. Williams, Esq.
Williams Starbuck
612 So. Tenth Street
Las Vegas, NV 89101

Fresh and Ready Food
Attn: Bankruptcy Dept/Managing Agent
104 Mayflower Ave.
North Las Vegas, NV 89030

Fresh Point Southern California
Attn: Bankruptcy Dept/Managing Agent
155 N Orange Ave.
La Puente, CA 91744

FTC Consulting
Attn: Bankruptcy Dept/Managing Age
PO Box 1925
Graham, TX 76450

Gen-Tech of Nevada
Attn: Bankruptcy Dept/Managing Agent
4785 Copper Sage St., Ste. A
Las Vegas, NV 89115

Great Buns Bakery
Attn: Bankruptcy Dept/Managing Agent
3270 E. Tropicana Ave.
Las Vegas, NV 89121

IPFS Corporation
Attn: Bankruptcy Dept/Managing Age
1055 Broadway
11th Floor
Kansas City, MO 64105

Jays Sharpening
Attn: Bankruptcy Dept/Managing Agent
4310 W. Tompkins Ave.
Las Vegas, NV 89103

Jim L. Shetakis Distributing Co.
dba Shetakis Wholesalers
C/o Holley Driggs Ltd / Jason D. Smith
300 South 4th Street, Suite 1600
Las Vegas, NV 89101

Kelly Paper
Attn: Bankruptcy Dept/Managing Age
3655 W. Sunset Rd. Unit C
Las Vegas, NV 89118

L.A. Specialty Produce Co.
dba Vesta Food Service
C/o Rynn & Janowsky, LLP / June Monroe
2605 Main Street, Suite 1250
Irvine, CA 92614

Las Vegas Valley Water District
Attn: Bankruptcy Dept. / Managing Agent
1001 S. Valley View Blvd.
Las Vegas, NV 89153

Lease Direct
Attn: Bankruptcy Dept/Managing Age
P.O. Box 6980
Wayne, PA 19087

Malco Maintenance Inc.
Attn: Bankruptcy Dept/Managing Agent
5985 Mc. Leod Dr.
Las Vegas, NV 89120

Manistee SME Ideal Holdings LLC
Attn: Bankruptcy Dept/Managing Agent
24751 Sussex St.
Oak Park, MI 48237

Marible Mendoza
Attn: Bankruptcy Dept/Managing Age

Mariner Business Solutions
Attn: Bankruptcy Dept/Managing Agent
1385 S. Colorado Blvd. Suite A-310
Denver, CO 80222

Marlin Business Bank
Attn: Bankruptcy Dept/Managing Agent
P.O. Box 13604
Philadelphia, PA 19101-3604

Melissa's World Variey Produce, Inc
c/o Mark Albright Esq.
801 South Ranch Dr. Suite D-4
Las Vegas, NV 89106

Mettler Toledo
Attn: Bankruptcy Dept/Managing Agent
6251 Industrial Rd.
Las Vegas, NV 89118

Michelson Laboratories Inc.
Attn: Bankruptcy Dept/Managing Agent
6280 Chalet Dr.
Los Angeles, CA 90040

Millenium Staffing Solutions
Attn: Bankruptcy Dept/Managing Age
8230 W. Charleston Blvd.
Las Vegas, NV 89117

Nerds Express
Attn: Bankruptcy Dept/Managing Agent
440 Burroughs St., Ste. 607
Detroit, MI 48202

Nevada Employment Security Division
Office of Legal Counsel
C/o Carolyn Broussard Esq.
2800 E. St. Louis Ave.
Las Vegas, NV 89104-4267

New Age, Inc.
Attn: Bankruptcy Dept/Managing Agent
26000 Richmond Rd, Unit B
Bedford, OH 44146

Nextera Packaging
Attn: Bankruptcy Dept/Managing Agent
980 Berwood Ave. E.
Saint Paul, MN 55110

NV Energy
Attn: Bankruptcy Dept. / Managing Agent
PO Box 30086
Reno, NV 89520

Office 1 Las Vegas
Attn: Bankruptcy Dept/Managing Agent
720 S. 4th St.
Las Vegas, NV 89101

P&R Paper Supply Company, Inc.
Attn: Bankruptcy Dept/Managing Agent
1898 East Colton Avenue
P.O. Box 590
Redlands, CA 92373

Pacific Produce, Inc.
Attn: Bankruptcy Dept/Managing Agent
827 N. Main St.
Las Vegas, NV 89101

Paymode
Attn: Bankruptcy Dept/Managing Agent
100 International Drive, Suite 200
Portsmouth, NH 03801

Penske Truck Leasing
Attn: Bankruptcy Dept/Managing Agent
4680 W. Craig Rd.
North Las Vegas, NV 89032

Plascon USA Headquarters
Attn: Bankruptcy Dept/Managing Agent
2375 Traversefield Dr.
Traverse City, MI 49686

Premier Services
Attn: Bankruptcy Dept/Managing Agent
3765 Loose Rd. #3
North Las Vegas, NV 89030

Quicksilver Funding Solutions LLC
Attn: Bankruptcy Dept/Managing Agent
1720 Peachtree St. NW Ste. 435
Atlanta, GA 30309-2448

Ralphs Distributors
Attn: Bankruptcy Dept/Managing Agent
1100 W. Artesia Blvd.
Compton, CA 90220

Ready Cut Vegetables
Attn: Bankruptcy Dept/Managing Agent
3700 Capella Ave. A
Las Vegas, NV 89102

Rebel Chemical
Attn: Bankruptcy Dept/Managing Agent
3560 Polaris Ave Unit 22
Las Vegas, NV 89103

Republic Services
Attn: Bankruptcy Dept. / Managing Agent
770 E. Sahara Ave.
Las Vegas, NV 89104-2943

Resco Restaurant Equipment & SuC
Attn: Bankruptcy Dept/Managing Agent
1300 E. Charleston Blvd.
Las Vegas, NV 89104

Rich's Products Corporation
C/o Peter Dubowsky, Esq.
300 S. Fourth St., #1020
Las Vegas, NV 89101

RT J&M LLC
Attn: Bankruptcy Dept/Managing Agent
3175 E. Warm Springs Road, Ste. 104
Las Vegas, NV 89120

Ryder Truck Rental, Inc.
dba Ryder Transportation Services
Attn: Managing Member
11690 N.W. 105th Street
Fort Lauderdale, FL 33317-8000

Snell & Wilmer, LLP
Attn: Bankruptcy Dept/Managing Agent
3883 H. Hughes Pkwy #1100
Las Vegas, NV 89169

Southwest Gas Corp.
Attn: Bankruptcy Dept/Managing Agent
1631 W. Craig Rd. Ste. 2
North Las Vegas, NV 89032

Spark Funding
Attn: Bankruptcy Dept/Managing Agent
30 Broad Street
New York, NY 10004

Support Refrigeration
Attn: Bankruptcy Dept/Managing Agent
9155 Mangostone Lane
Las Vegas, NV 89147

Ten-Two Company
C/o Qualey Law Group
Attn: Robert S. Qualey Esq.
711 Mall Ring Circle, Ste. 200
Henderson, NV 89014

The Chef's Warehouse
Attn: Bankruptcy/Managing Agent
240 Food Center Dr.
Bronx, NY 10474

Tompkins and Peters CPA's, P.C.
Attn: Bankruptcy Dept/Managing Agent
1880 E. Warm Springs Rd. Ste. 115
Las Vegas, NV 89119

Tortilla Inc.
Attn: Bankruptcy Dept/Managing Agent
2912 N. Commerce St.
North Las Vegas, NV 89030

UBIC Workers Comp Ins.
Attn: Bankruptcy Dept/Managing Agent
10421 S. Jordan Gateway Blvd. Ste40
South Jordan, UT 84095

UPS
c/o Allied Interstate
Attn: Bankruptcy Desk/Managing Agent
PO Box 361684
Columbus, OH 43236-1684

US Department of Agriculture
Attn: Bankruptcy Dept/Managing Agent
1400 Independence Ave.
Washington, DC 20250

US Foods, Inc.
Attn: Bankruptcy Dept/Managing Agent
4650 W. Buckeye Rd.
Phoenix, AZ 85043

US Small Business Administration
Attn: Bankruptcy Dept/Managing Agent
10737 Gateway West, 300
El Paso, TX 79935

Utah Business Insurance Co.
Attn: Bankruptcy Dept/Managing Agent
10421 S. Jordan Gateway Blvd. Ste. 400
South Jordan, UT 84095

Valley Gates Inc.
Attn: Bankruptcy Dept/Managing Agent
PO Box 33010
Las Vegas, NV 89133

Vegas Valley Locking Systems, Inc.
Attn: Bankruptcy Dept/Managing Agent
7340 Eastgate Road #150
Henderson, NV 89011

West Central Food Service
Attn: Bankruptcy Dept/Managing Agent
12840 Leyva
Norwalk, CA 90650

WG Capital
Attn: Bankruptcy Dept/Managing Agent
1022 Ave. M.
Brooklyn, NY 11230

World Variety Produce, Inc.
C/o Albright, Stoddard, Warnick & Albrig
Attn: Daniel R. Ormsby Esq.
801 South Rancho Drive. Ste. D-4
Las Vegas, NV 89106

Ideal Trust
Attn: Nicole Rivers, Trustee
9404 Fontainbleu Dr.
Las Vegas, NV 89145

Manistee SME Ideal Holdings LLC
24751 Sussex St.
Oak Park, MI 48237

Crestmark Equipment Finance
C/o Giarmarco, Mullins & Horton, P.C.
Attn: John Fleming & Nina Jankowski
101 West Big Beaver Road, Tenth Floor
Troy, MI 48084-5280

Franklin Capital Funding, LLC
c/o J. Adam Behrendt & Melissa Moore
Bodman PLC
201 West Big Beaver Road, Suite 500
Troy, MI 48084

Franklin Capital Group, LLC
Attn: Bankruptcy Dept/Managing Agent
32300 Northwestern Hwy.
Farmington, MI 48334

Franklin Capital Management, LLC
Attn: Bankruptcy Dept/Managing Agent
32300 Northwestern Hwy.
Farmington, MI 48334

Imperial PFS
Attn: Bankruptcy Dept/Managing Agent
30 Montgomery Street, Suite 501
Jersey City, NJ 07302

U.S. Small Business Administration
Attn: Gil Hopenstand, Esq.
312 N. Spring St., Fifth Floor
Los Angeles, CA 90012

U.S. Small Business Administration
Nevada District Office
Attn: Joseph Amato, Director
300 South 4th St., Suite 400
Las Vegas, NV 89101

US Department of Agriculture
Food Safety and Inspection Service
Attn: Bankruptcy Dept/Managing Agent
4520 114th Street
Urbandale, IA 50322

Vesta Food Services
Attn: Bankruptcy Dept/Managing Agent
7220 Dean Martin Dr. #100
Las Vegas, NV 89118

Wing Lake Capital Partners
Attn: Bankruptcy Dept/Managing Agent
32300 Northwestern Hwy., Ste. 200
Farmington, MI 48334

**United States Bankruptcy Court
District of Nevada**

In re **Ideal Foods, LLC**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Ideal Foods, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Ideal Trust

Attn: Nicole Rivers, Trustee

9404 Fontainebleu Dr.

Las Vegas, NV 89145

Manistee SME Ideal Holdings LLC

24751 Sussex St.

Oak Park, MI 48237

☐ None [Check if applicable]

April 15, 2024

Date

/s/ Zachariah Larson

Zachariah Larson 7787

Signature of Attorney or Litigant

Counsel for **Ideal Foods, LLC**

Larson & Zirzow, LLC

850 E. Bonneville Ave.

Las Vegas, NV 89101

702-382-1170 Fax: 702-382-1169

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